

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 1 OF 3
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) HARD HATS FOR AMERICA		FEC IDENTIFICATION NUMBER ▼ C C00623413	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: flex; justify-content: space-between; width: 100%;"> <div>MM / DD / YYYY / / </div> <div>MM / DD / YYYY / / </div> <div>MM / DD / YYYY / / </div> </div>	

Full Name of Payee Clear Images			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 31 / 2016		
Mailing Address 121 11th Street			Amount 1612.21		
City Toledo	State OH	Zip Code 43604	Transaction ID : SE.4168		
Purpose of Expenditure Banners production and shipping - disseminated 10/31/2016		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 10 / 31 / 2016		
Name of Federal Candidate CLINTON, HILLARY RODHAM, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: _____ State: _____		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee Mosaic			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 31 / 2016		
Mailing Address 4801 Viewpoint Place			Amount 4111.89		
City Cheverly	State MD	Zip Code 20781	Transaction ID : SE.4178		
Purpose of Expenditure Flyer - disseminated 10/31/2016		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 10 / 31 / 2016		
Name of Federal Candidate CLINTON, HILLARY RODHAM, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: _____ State: _____		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	5724.10
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Booker, Brent, , ,

[Electronically Filed]

Date

 MM / DD / YYYY
 11 / 04 / 2016

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
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Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Mosaic			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 31 / 2016		
Mailing Address 4801 Viewpoint Place			Amount 3372.87		
City Cheverly	State MD	Zip Code 20781	Transaction ID : SE.4179		
Purpose of Expenditure Rally & Yard Sign - disseminated 10/31/2016		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 10 / 31 / 2016		
Name of Federal Candidate CLINTON, HILLARY RODHAM, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought 621124.17			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee Mosaic			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 31 / 2016		
Mailing Address 4801 Viewpoint Place			Amount 9885.66		
City Cheverly	State MD	Zip Code 20781	Transaction ID : SE.4181		
Purpose of Expenditure Storage & Shipping of Materials - Disseminated 10/31/2016		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 10 / 31 / 2016		
Name of Federal Candidate CLINTON, HILLARY RODHAM, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought 617751.30			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	13258.53
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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Full Name of Payee Mosaic		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 31 / 2016	
Mailing Address 4801 Viewpoint Place		Amount 17654.01	
City Cheverly	State MD	Zip Code 20781	Transaction ID : SE.4182
Purpose of Expenditure Storage & Shipping of Materials - Disseminated 10/31/2016		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 10 / 31 / 2016
Name of Federal Candidate CLINTON, HILLARY RODHAM, ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought 642890.07		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address		Amount	
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure		Category/Type	
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	17654.01
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	36636.64

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